Health Canada Santé Canada

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Health Canada's 2014–15 Departmental Sustainable Development Strategy

Canada

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

Également disponible en français sous le titre :
Stratégie ministérielle de développement durable de 2014–2015 de Santé Canada

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Publication date: March 2014

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Cat.: H126-3/2014E-PDF
ISSN: 2292-6585
Pub.: 130617

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Section 1: Overview of the Federal Government's Approach to Sustainable Development

The 2013–2016 Federal Sustainable Development Strategy (FSDS), tabled in Parliament on November 4, 2013, guides the Government of Canada's sustainable development activities. This second FSDS articulates Canada's federal sustainable development priorities for a period of three years (April 1, 2014 to March 31, 2017), as required by the *Federal Sustainable Development Act* (FSDA). The FSDA provides the legal framework for developing and implementing a FSDS that makes environmental decision-making more transparent and accountable to Parliament. Health Canada supports the implementation of the FSDS through the activities found in this departmental strategy.

Health Canada's Departmental Sustainable Development Strategy (DSDS) supports all four themes of the FSDS:

- Theme 1: Addressing Climate Change and Air Quality
- Theme 2: Maintaining Water Quality and Availability
- Theme 3: Protecting Nature and Canadians
- Theme 4: Shrinking the Environmental Footprint—Beginning with Government (also known as Greening Government Operations)

Section 2: Sustainable Development Management System

Health Canada is committed to sustainable development and contributes to the FSDS by delivering on its vision:

Health Canada is committed to improving the lives of all of Canada's people and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Implicit in this vision is the recognition that integrating environmental, economic and social factors into Health Canada's policy development and decision making processes plays an important role in minimizing or mitigating risks to human health for present and future generations.

Health Canada is managing and aligning sustainable development with its internal policy and operational processes through:

- its internal management structure (2.1);
- its expenditure, planning and reporting system (2.2);
- the application of analytical techniques (2.3); and
- communication and outreach (2.4).

2.1 Internal management structure—Health Canada's Assistant Deputy Minister Champion of Sustainable Development leads processes and mechanisms, as required, to develop Health Canada's DSDS and to report on its implementation. Decisions about sustainable development and how such decisions are applied in the context of Health Canada's mandate are brought to Health Canada's senior executive committees for consideration and approval.

Health Canada contributes to the federal approach to sustainable development by participating in standing and *ad hoc* interdepartmental working groups and committees.

2.2 Integration with Health Canada's expenditure management, planning and reporting processes—As part of the Government of Canada's reporting on FSDS, Health Canada has integrated its sustainable development commitments in its Report on Plans and Priorities (RPP) and they are outlined in greater detail in this document, Health Canada's DSDS. Health Canada reports on progress against these commitments in its annual DSDS Performance Report (DSDS PR) and in the Departmental Performance Report (DPR).

FSDS implementation strategies that Health Canada leads or supports are fully integrated into the Department's Management Resources and Results Structure. As a basis for reporting, Health Canada measures and monitors progress against FSDS commitments as follows:

- **Goals and Targets:** At the government-wide level, under the FSDS, various environmental performance measures, otherwise known as indicators, have been established to assess progress against the FSDS goals and targets. These are presented in the FSDS. Some indicators that address the goals and targets for Themes 1, 2, and 3 have been developed by the Canadian Environmental Sustainability Indicators initiative, with additional indicators coming from implicated federal departments.
- **Implementation Strategies:** FSDS implementation strategies are generally more detailed and departmentally-focused than the FSDS goals and targets. As a result, specific Health Canada departmental performance measures are used to monitor Health Canada's progress in achieving its commitments.
- **Greening Government Operations (GGO):** GGO involves government-wide targets for reducing the government's environmental footprint. Health Canada has established implementation strategies and a methodology to measure its progress in this area. Details of Health Canada's GGO commitments are also included as a supplementary table to Health Canada's RPP.
- **Clean Air Agenda (CAA):** The Government of Canada's CAA programming is captured as part of the FSDS. Health Canada's work, which contributes to the Clean Air Regulatory Agenda (CARA) and the Climate Change Adaptation themes of the CAA, is identified in this document under Goal 1 on Climate Change, and Goal 2 on Air Pollution. Financial information on planned expenditures under the CAA for 2014–15 is available in Annex A.

2.3 Application of analytical techniques—Successful integration of sustainable development into policies, plans and programs is supported by the use of analytical techniques and management practices that consider and incorporate environmental, social and economic objectives with the aim of preserving similar benefits for future generations.

The analytical techniques most commonly identified and used to inform decision-making and to manage risk include: cost-benefit analysis; public surveys; workshops; risk assessment; advisory committees; and literature and case analysis. Risk management is embedded into Health Canada's evidence-based decision-making processes and provides reasonable assurance that policy objectives and desired outcomes will be achieved. Health Canada's approach to risk management is informed by the 2010 Treasury Board Secretariat's *Framework for the Management of Risks* and by the precautionary principle. The precautionary principle is inherent to evidence-based decision-making and is identified in the preambles of two pieces of legislation and in the body of another for which Health Canada has regulatory responsibilities: the *Canada Consumer Product Safety Act*, the *Canadian Environmental Protection Act, 1999* and the *Pest Control Products Act*.

2.4 Communication and outreach—Health Canada's Assistant Deputy Minister Champion of Sustainable Development plays an important role in communicating the Department's sustainable development and Strategic Environmental Assessment (SEA) objectives to departmental employees and other senior managers. Information about Health Canada's role in sustainable development is available on the Department's Intranet as well as in the Onboarding Guide. The Onboarding Guide is for new Health Canada employees and provides general information about the Department, as well as federal employee rights and obligations.

Section 3: Strategic Environmental Assessment

The *Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals*, requires that policies, plans and programs destined for ministerial or Cabinet approval and that may have important environmental effects, require a Strategic Environmental Assessment. The *Guidelines for Implementing the Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals* were revised in October 2010 and reflect the requirement to apply FSDS goals and targets when undertaking SEAs.

In 2013, the Department undertook a review of its 2011 SEA Policy in order to continue to strengthen the application of SEA by reinforcing the link to the Government's FSDS goals and targets when developing policies, plans and programs. Additionally, the Department provides annual training on the SEA process and requirements to departmental employees to help maintain compliance with the Cabinet Directive and to reinforce the importance of SEA as a tool for incorporating environmental considerations into the decision making process. To support the principle of making environmental decision-making more transparent, Health Canada continues publicly report SEA results linked to the FSDS goals and targets by releasing a public statement of environmental effects when an assessment of environmental effects results in a *Detailed Analysis*.

Section 4: Health Canada's Detailed FSDS Commitments

Health Canada has organized its implementation strategies according to the four themes of the FSDS:

Theme 1: Addressing Climate Change and Air Quality is supported by the following programs:

- Goal 1: Climate Change
  - Target 1.2: Climate Change Adaptation
- Goal 2: Air Pollution
  - Target 2.1: Outdoor Air Pollutants
  - Target 2.2: Indoor Air Quality

Theme 2: Maintaining Water Quality and Availability is supported by the following programs:

- Goal 3: Water Quality and Water Quantity
  - Target 3.1: On-reserve First Nations Water and Wastewater Systems
  - Target 3.2: Drinking Water Quality

Theme 3: Protecting Nature and Canadians is supported by the following programs:

- Goal 4: Conserving and Restoring Ecosystems, Wildlife and Habitat, and Protecting Canadians
  - Target 4.7: Environmental Disasters, Incidents and Emergencies
  - Target 4.8: Chemicals Management

The targets and associated implementation strategies information for Themes 1, 2 and 3 have been organized as follows:

- Link to Health Canada's Program Alignment Architecture
- Description of the implementation strategy including:
  - Links to the CAA, when applicable
  - Background
  - Achievements expected in 2014–15
- Table of commitments supporting FSDS implementation strategies.

Theme 4: Shrinking the Environmental Footprint—Beginning with Government

Theme 4 information provided in the DSDS includes a description of the FSDS implementation strategies that Health Canada has committed to for 2014–15. Additional details on Health Canada's activities under this Theme can be found in the Greening Government Operations Supplementary Information Tables.

Clean Air Agenda

The FSDS integrated CAA programming, which is detailed in the DSDS and reported on through the DSDS PR. Health Canada's work, which contributes to the CARA and the Climate Change Adaptation themes of the CAA, is identified in this document under Goal 1 on Climate Change, and Goal 2 on Air Pollution. Financial information on planned expenditures under the CAA for 2014–15 is available in Annex A.

Theme 1. Addressing Climate Change and Air Quality

Health Canada contributes to two goals within this theme, on climate change and air pollution. Targets that support these goals address climate change adaptation, outdoor air pollutants, and indoor air quality. Health Canada's programs in support of these targets are directed at:

- helping Canadians adapt to a changing climate through measures intended to manage potential risks to their health associated with extreme heat events.
- addressing human health risks for First Nations and Inuit communities associated with communicable diseases and exposure to hazards within the natural and built environments by increasing community capacity to respond to these risks.
- assessing the impacts of air pollution on health and providing guidance to governments, health professionals and the general public on how to minimize those risks.
- monitoring and helping inform Canadians of potential harm to their health and safety associated with environmental radiation.

This theme includes all of Health Canada's CAA programming.

GOAL 1: CLIMATE CHANGE

In order to mitigate the effects of climate change, reduce greenhouse gas emission levels and adapt to unavoidable impacts.

Target 1.2: Climate Change Adaptation

Facilitate reduced vulnerability of individuals, communities, regions and economic sectors to the impacts of climate change through the development and provision of information and tools.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Program 2.3: Environmental Risks to Health

Sub-program 2.3.1: Climate Change and Health

Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status.

Program 3.1: First Nations and Inuit Primary Health Care

Sub-program 3.1.2: First Nations and Inuit Public Health Protection

Sub-sub-program 3.1.2.2: Environmental Public Health

Descriptions of Implementation Strategies

1.2.6. Work with Canadian communities to implement heat alert and response systems and provide information/education about the health impacts of extreme heat to public health professionals and the public. (Health Canada)

CAA Theme and Program Link

This implementation strategy supports the Heat Alert and Response System program associated with the Climate Change Adaptation theme of the CAA.

Background

Climate change is expected to increase the risks to human health in a number of areas including air and water quality, extreme weather events, and infectious diseases. Extreme heat poses a growing risk to the health and well-being of Canadians as climate change is expected to produce a greater intensity, frequency and duration of extreme heat events. Communities and individuals are seeking information about the most effective ways to protect themselves, their families and those most at risk. Public health and emergency management officials in several Canadian communities are already taking actions to reduce their vulnerability to heat-health risks.

Health Canada plans to address the health impacts of climate change by continuing to provide guidance and expert advice to public health and emergency management in the development of heat alert and response systems, as well as training tools for health professionals to reduce the vulnerability of their community to extreme heat. Health Canada will enable individuals and communities to increase their resiliency to extreme heat events by providing science-based information to health professionals, public health and emergency management institutions.

By preparing Canadians for extreme heat events, Health Canada is strengthening Canada's adaptive capacity to reduce the health impacts of our changing climate. Heat alert and response systems centre on efforts to alert health authorities and the public when hazardous conditions arise, provide advice on how health risks can be minimized, and offer assistance to those in need during emergency situations.

Achievements expected in 2014–15

In 2014–15, Health Canada will continue to implement the Heat Resiliency Project, which aims to inform and advise public health agencies and Canadians on adaptation strategies to respond to extreme heat events. This will be accomplished both through the adoption of Heat Alert and Response Systems by a broad cross-section of at-risk regions in Canada and by undertaking research to address the key science and policy-based information and knowledge gaps that currently constrain the ability of communities to adapt effectively to climate change related health risks.

1.2.7. Address the health effects of climate change by funding community-based research and assessment projects that enable northern First Nations and Inuit communities to develop climate change adaptation strategies and action plans. (Health Canada)

CAA Theme and Program Link

This implementation strategy supports the Climate Change and Health Adaptation for Northern First Nations and Inuit Communities program associated with the Climate Change Adaptation theme of the CAA.

Background

Health Canada's Program for Climate Change and Health Adaptation in Northern First Nations and Inuit Communities is unique among the adaptation programs in that it focuses on northern community adaptation and human health. Its purpose is to build capacity by funding community-based participatory research in cooperation with Aboriginal associations, academics, governments and agencies. This will enable communities to develop health-related adaptation plans and communication materials that will help in adaptation decision-making at the community, regional, national and circumpolar levels with respect to human health and a changing environment.

Achievements expected in 2014–15

Health Canada will continue to focus on building northern First Nations and Inuit communities' capacity to gain the knowledge and experience needed to design, lead and implement community-driven climate change and health research projects and conduct community vulnerability and risk assessments.

To support this work, in 2014–15 Health Canada will:

- Distribute a new Funding Application Guide.
- Release the 2014–15 Call for Proposals for community-based climate change and health research projects.
- Organize two proposal review processes with a First Nation Selection Committee and an Inuit Selection Committee.
- Present the program, climate change and health data to interested northern communities and organizations.
- Work with interested community members to support the development of proposal submissions.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
1.2.6	Number of Canadian communities with heat alert and response systems.	3 new partnership agreements with Canadian communities will be formed in order to have a total of 12 by March 2016. Date to achieve target: March 31, 2015
1.2.7	Number of community-based research projects funded to address climate change and health adaptation in First Nations and Inuit communities in northern Canada.	50 community-based research projects will be funded to address climate change and health adaptation in First Nations and Inuit communities in northern Canada. Date to achieve target: March 31, 2015

GOAL 2: AIR POLLUTION

Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems.

Target 2.1: Outdoor Air Pollutants

Improve outdoor air quality by ensuring compliance with new or amended regulated emission limits by 2020 and thus reducing emissions of air pollutants in support of Air Quality Management System objectives.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Program 2.3: Environmental Risks to Health

Sub-program 2.3.2: Air Quality

Descriptions of Implementation Strategies

2.1.11. Communicate outdoor air pollution health risks to Canadians through the Air Quality Health Index, which provides current and forecast air-quality information and advice on health risks in order to assist Canadians in making decisions on how to reduce their level of exposure. Continue development of the Air Quality Health Index and continue implementation in all provinces and major communities in the North to achieve access for 80% of the Canadian population. (Environment Canada, Health Canada)

CAA Theme and Program Link

This implementation strategy supports the Data Collection and Reporting for Atmospheric Pollutants program associated with the CARA theme of the CAA.

Background

The Air Quality Health Index (AQHI) is a tool designed to help Canadians make decisions in real time on a daily basis to protect their health by limiting short-term exposure to air pollution and adjusting their activity levels during increased levels of air pollution. It also provides advice on how Canadians can improve the quality of the air they breathe. This Index pays particular attention to people who are sensitive to air pollution and provides them with advice on how to protect their health during air quality levels associated with low, moderate, high and very high health risks. This tool has been developed by Health Canada and Environment Canada, in collaboration with the provinces and key health and environment stakeholders.

Achievements expected in 2014–15

In 2014–15, Health Canada will work to ensure that 70% of Canadians have access to the AQHI by March 31, 2015.

2.1.13. Undertake and deliver scientific research, monitoring, modelling, testing, data analysis and science advice to inform regulations, policies, programs, science assessments, and services as well as to evaluate effectiveness of actions. (Environment Canada, Health Canada)

CAA Theme and Program Link

This implementation strategy supports the Atmospheric Research, Monitoring and Modelling program and the Health and Environmental Impacts of Air Pollutants program associated with the CARA theme of the CAA.

Background

This activity supports improvements to air quality and associated human health risks through research and assessment of the health risks posed by substances Canadians may be exposed to from ambient air and by supporting the development of ambient air quality standards.

Under the CARA and supporting implementation of the Air Quality Management System (AQMS), Health Canada plays an important role in improving ambient air quality and protecting the health of Canadians through a broad range of activities. Research studies are conducted to determine what substances Canadians may be exposed to from ambient air. Health risk assessments on these and other substances are carried out in order to develop ambient air quality standards that are used by public health professionals and regulators to better manage air quality. Conventional fuels and their alternatives, as well as fuel emission management technologies, are assessed for any potential adverse health impacts from their use or introduction into the Canadian marketplace.

Expected achievements over the three year period of the 2013–2016 FSDS include completion of health risk assessments for priority air pollutants and key industrial sectors to inform the development of regulations, guidelines and standards under the AQMS to improve outdoor air quality.

Achievements expected in 2014–15

In 2014–15, in support of implementation of the AQMS, Health Canada will complete health risk assessments for two priority air pollutants (sulphur dioxide and nitrogen dioxide), seven industrial sectors, and diesel fuel. In addition, Health Canada will complete five planned research studies and publish results to provide information on the health effects of outdoor air pollutants.

Health Canada will also continue to conduct research and provide scientific advice on the impacts of air quality on health.

2.1.19. Continue to work collaboratively with provinces, territories and stakeholders to implement the Air Quality Management System, which includes new ambient air quality standards, a framework for managing air quality through local air zones and regional airsheds, and emissions requirements for major industrial sectors and equipment types. (Environment Canada, Health Canada)

CAA Theme and Program Link

This implementation strategy supports the Science Integration, Accountability and Benefits of Action program and the Atmospheric Pollutants Policy program associated with the CARA theme of the CAA.

Background

This activity ensures a coherent approach to managing air quality through Health Canada's provision of research, assessments and guidelines to provinces and territories. Health Canada's assessment of the potential adverse impacts of conventional fuels and their alternatives and fuel emission management technologies, as well as our cost-benefit analyses for proposed government options to control air pollution sources support the development of national industrial and transportation emissions requirements for key pollutants.

Health Canada, along with Environment Canada, will work with the provinces and territories and other key stakeholders, to implement a national framework to manage air quality (the AQMS) including new health-driven Canadian Ambient Air Quality Standards (CAAQS), local air zone management and emissions requirements for major industrial sectors. Health Canada research and assessments provide the health basis and guidance for developing actions to reduce the health risks from outdoor air pollutants.

In support of implementation of the AQMS, new health-based CAAQS will be developed for four key pollutants (fine particulate matter, ozone, sulphur dioxide, and nitrogen dioxide) through a multi-stakeholder process and established as guidelines under the *Canadian Environmental Protection Act*. The potential health benefits of new regulations, ambient air standards or other risk management actions aimed at improving air quality in relation to the four key pollutants referenced above are evaluated using the Air Quality Benefits Assessment Tool (AQBAT), as required.

Achievements expected in 2014–15

In 2014–15, a multi-stakeholder process will be initiated to develop new CAAQS under the AQMS for sulphur dioxide and nitrogen dioxide.

The AQBAT will be used, on an as needed basis, to evaluate the health benefits of proposed regulations to reduce air pollution led by Environment Canada or Transport Canada.

Health Canada will also continue to conduct research and provide scientific advice on the impacts of air quality on health.

2.1.20. Work with other jurisdictions, including the United States under the Canada-United States Air Quality Agreement to undertake regional and international efforts to manage transboundary air pollution of concern for Canadians and their environment. This includes work towards the completion of the necessary scientific, technical and regulatory foundations required for the consideration of a Particulate Matter Annex under the Air Quality Agreement. (Environment Canada, Health Canada)

Background

A significant level of air pollution in certain areas of Canada can be directly attributed to United States (U.S.) industrial sources. Additionally, some Canadian industrial facilities contribute to air pollution in the U.S. Under the CARA, Health Canada is involved in research and assessments supporting implementation of a comprehensive air management quality system which will lead to reductions in industrial air emissions and provide the basis for negotiating a Particulate Matter Annex to the Canada-U.S. Air Quality Agreement (AQA).

In addition, Health Canada conducts health science assessments in support of regulations to reduce air pollutant emissions from industrial sectors; and coordinated science activities as part of the Canada-U.S. AQA.

As part of this implementation strategy, Health Canada provides health science to support regional and international efforts with the U.S. under the Canada-U.S. AQA to promote strategies to reduce transboundary air pollution.

Achievements expected in 2014–15

In 2014–15, the jointly prepared updated Canada-U.S. Transboundary Particulate Matter Science Assessment will be completed.

Health Canada will also collaborate on applying air pollution information from satellite data to epidemiological studies investigating the effects of particulate matter in both countries.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
2.1.11	Percentage of Canadians with access to the AQHI.	70% of Canadians will have access to the AQHI. Date to achieve target: March 31, 2015
2.1.13	Percentage of planned federal outdoor air quality health assessments and risk management actions to support implementation of the AQMS published or distributed externally.	100% of planned health assessments for criteria air pollutants and sector-based assessment will be completed in support of regulations, standards and guidelines for ambient air. (Target = 9) Date to achieve target: March 31, 2015
2.1.13	Percentage of planned federal outdoor air quality health assessments and risk management actions published or distributed externally.	100% of planned health impact assessments will be completed on selected fuel or transportation-related initiatives to support policy and risk management actions. (Target = 1) Date to achieve target: March 31, 2015
2.1.13	Percentage of planned federal outdoor air quality health assessments and risk management actions published or distributed externally.	100% of planned research studies will be completed and results published to provide information on health effects of outdoor air pollutants. (Target = 5) Date to achieve target: March 31, 2015
2.1.13 2.1.19	Percentage of targeted knowledge transfer activities accomplished.	95% of targeted knowledge transfer activities will be completed. (Target = 20) Date to achieve target: March 31, 2015
2.1.13 2.1.19	Percentage of available trend data collected in first year (2014–15) to show improvements in air quality and health status. Note: Baseline for air quality and health improvements set in 2013–14. Air quality and health improvements will be reported every three years, by percentage change over the period.	100% of available trend data will be collected in first year (2014–15). Date to achieve target: March 31, 2015
2.1.19	Percentage of proposed emission reduction scenarios under the AQMS assessed for health benefits using the AQBAT.	100% of proposed emission reduction scenarios proposed under the AQMS will be assessed for health using the AQBAT. (Target = 5) Date to achieve target: March 31, 2015
2.1.20	Percentage of planned science assessments completed to support regulatory initiatives under the AQMS and to provide a basis for negotiating a Particulate Matter Annex to the Canada-U.S. AQA.	100% of planned assessments for criteria air pollutants and sector-based assessment completed in support of regulations, standards and guidelines for ambient air (Target = 9) and 100% of updates to the Transboundary Particulate Matter Science Assessment will be completed. (Target = 7) Date to achieve target: March 31, 2015

Target 2.2: Indoor Air Quality

Help protect the health of Canadians by providing health-based guidance and tools to support actions to better manage indoor air quality.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Program 2.3: Environmental Risks to Health

Sub-program 2.3.2: Air Quality

Program 2.6: Radiation Protection

Sub-program 2.6.1: Environmental Radiation Monitoring and Protection

Descriptions of Implementation Strategies

2.2.1. Conduct research, assessments and communication activities in order to provide health-based guidance on reducing exposure to indoor air pollutants. (Health Canada)

CAA Theme and Program Link

This implementation strategy supports the Indoor Air Quality Management—Biological and Chemical Contaminants program associated with the CARA theme of the CAA.

Background

This activity develops guidelines and standards to better manage indoor air quality and provides advice for public health professionals and Canadians on how exposure to air pollutants can be reduced.

Health Canada plays an important role in improving indoor air quality and protecting the health of Canadians through a broad range of activities. Research studies are conducted to determine what substances Canadians may be exposed to in their homes or other indoor environments, and how to reduce this exposure. Health risk assessments on these and other substances are carried out in order to develop indoor air quality guidelines that are used by public health professionals and regulators to better manage air quality.

Expected achievements over the three year period of the FSDS 2013–2016 include five new or updated residential indoor air quality guidelines will be developed for priority pollutants (benzene, naphthalene, nitrogen dioxide, 1,2-dichloroethane, and dichloromethane). Indoor air reference levels will also be developed for three volatile organic compounds. Options for the management of volatile organic compound emissions from building materials and select consumer products will be determined. Public resource documents will be produced to help Canadians reduce their exposure to indoor air pollutants.

Achievements expected in 2014–15

In 2014–15, Health Canada will:

- Publish a final residential indoor air quality guideline for nitrogen dioxide in the *Canada Gazette, Part I*.
- Complete a research study on the impact of residential attached garages on indoor air quality and the effectiveness of potential intervention methods.

2.2.2. Maintain a database of indoor radon levels in Canadian homes and buildings. Assess new methods and technologies for measuring and reducing radon gas levels in homes and buildings. Maintain a radon awareness program to give information to Canadians on ways to reduce their exposure to radon. (Health Canada, Statistics Canada)

CAA Theme and Program Link

This implementation strategy supports the Indoor Air Quality Management—Radioactive Contaminants program associated with the CARA theme of the CAA.

Background

Raising public awareness of risks and health impacts and disseminating information to mitigate the risk of indoor radon exposure are activities undertaken that support improved indoor air quality.

Health Canada develops new standards and updates existing guidance documents, codes of practice and protocols for measurement and mitigation of radon in homes and workplaces based on research and evidence. This includes working with private industry and key partners (e.g., other government departments such as the National Research Council and Canadian standard bodies such as the Canadian General Standards Board) to investigate and validate methods for radon measurement and improved technologies to reduce intrusion of radon soil gas into buildings. This will help to ensure homeowners, industry partners and stakeholders have tools and resources needed to protect themselves from exposure to radon.

Health Canada continues to raise public awareness of health risks from exposure to elevated levels of radon and inform Canadians of strategies to reduce their risk by supporting the annual collaborative outreach campaign and Radon Action Month and by partnering with provinces and stakeholders in the delivery of targeted outreach communications and programs to homeowners, health professionals and the building industry.

In addition, a database of indoor radon concentrations will be maintained and updated as new information is acquired from radon surveys, radon measurement service providers and members of the public.

Achievements expected in 2014–15

In 2014–15, Health Canada will:

- Conduct a radon mitigation follow-up study of the cross-Canada residential radon survey to assess the degree to which home-owners of homes that tested above the guideline have reduced their exposure to radon in their home.
- Contribute to the development of two draft national standards on radon.
- Complete and publish one revised radon testing guide.
- Increase stakeholder participation and media engagement during Radon Action Month.
- Deliver outreach programs targeting key stakeholder groups; health professionals, building/ construction industry, childcare providers and families.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
2.2.1	Percentage of planned federal indoor air quality health assessments and risk management actions published or distributed externally.	100% of planned indoor air guidelines will be published in *Canada Gazette, Part I* for consultation. (Target = 1) Date to achieve target: March 31, 2015
2.2.1	Percentage of planned federal indoor air quality studies completed.	100% of planned research studies will be completed in support of actions to improve indoor air quality. (Target = 1) Date to achieve target: March 31, 2015
2.2.2	Percentage of planned radon testing guides revised.	100% of planned radon testing guides will be revised. (Target = 1) Date to achieve target: March 31, 2015
2.2.2	Percentage of targeted partners participating in education and awareness and communication activities.	80% of targeted partners will be participating. (Target = 12) Date to achieve target: March 31, 2015
2.2.2	Percentage of data inputted into database of indoor radon concentrations.	100% of data received will be inputted into database. Date to achieve target: March 31, 2015
2.2.2	Percentage of cross-Canada radon survey participants whose homes tested above the guideline are successfully contacted to solicit information on their radon mitigation efforts.	Follow-up with 90% of cross-Canada radon survey participants whose homes tested above the guidelines. (Target = 1350) Date to achieve target: March 31, 2015

Theme 2. Maintaining Water Quality and Availability

Health Canada contributes to this theme under the goal for water quality and water quantity. Targets that support these goals address on-reserve First Nations water and wastewater systems, and drinking water quality. Health Canada's programs in support of these targets are directed at:

- addressing human health risks for First Nations and Inuit communities associated with communicable diseases and exposure to hazards within the natural and built environments by increasing community capacity to respond to these risks.
- helping to manage potential risks to the health of Canadians associated with poor water quality.

GOAL 3: WATER QUALITY AND WATER QUANTITY

Protect and enhance water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.

Target 3.1: On-reserve First Nations Water and Wastewater Systems

Increase the percent of on-reserve First Nations water systems with low risk ratings from 27% to 50% by 2015. Increase the percent of on-reserve First Nations wastewater systems with low risk ratings from 35% to 70% by 2015.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status.

Program 3.1: First Nations and Inuit Primary Health Care

Sub-program 3.1.2: First Nations and Inuit Public Health Protection

Sub-sub-program 3.1.2.2: Environmental Public Health

Descriptions of Implementation Strategies

3.1.4. Support all First Nations communities in ensuring ongoing access to a trained Community-based Water Monitor or Environmental Health Officer. (Health Canada)

Background

In First Nation communities, Environmental Health Officers (EHOs) and Community-based Water Monitors (CBWMs) share responsibility for drinking water quality monitoring at tap as per the *Guidelines for Canadian Drinking Water Quality* (GCDWQ). EHOs assist communities in monitoring drinking water quality for bacteriological, chemical, physical and radiological parameters, interpret drinking water quality results, disseminate results to First Nation authorities and maintain quality assurance. CBWMs are First Nations community members trained by an EHO. They are responsible for monitoring bacteriological water quality and disseminating results.

Capacity to monitor drinking water quality as per the GCDWQ in First Nations communities is supported by Health Canada through the provision of funding to Chief and Council for drinking water monitoring through the CBWM program, and training of CBWMs to monitor the drinking water for potential bacteriological contamination as a final check on the overall safety of the drinking water at tap. EHOs and CBWMs are the primary service providers with respect to drinking water quality monitoring, and it is therefore important to provide them with the support necessary to perform their duties effectively to better protect the public health of First Nations residents.

Achievements expected in 2014–15

In support of this work, in 2014–15 Health Canada will:

- Review and complete the implementation of the National Training Program for CBWMs.
- Implement the revised quality assurance practices for microbiological monitoring.
- Finalize revisions to the procedure manual for EHOs entitled, *Drinking Water Program Manual*.

3.1.5. Support all First Nations communities in ongoing monitoring of drinking water quality as per the Guidelines for Canadian Drinking Water Quality. (Health Canada)

Background

Over time, by working with First Nations communities to identify challenges with meeting recommended testing frequencies, Health Canada aims to increase the percent of on-reserve public distribution systems that meet weekly national testing guidelines for bacteriological parameters. Regular testing of drinking water quality offers timely identification of potential problems with drinking water quality, minimizing potential risks to public health and therefore contributes to increasing the percentage of First Nations communities with acceptable water and wastewater facility ratings.

Health Canada assists First Nations communities in establishing drinking water quality monitoring programs. This includes verification monitoring of the overall quality of drinking water at tap, and reviewing, interpreting and disseminating results to First Nations and providing advice, guidance and recommendations for First Nations communities about drinking water safety and safe disposal of onsite domestic sewage.

Health Canada aims to ensure that drinking water quality in First Nations communities is tested on a weekly basis as per the GCDWQ. The latest edition of the GCDWQ set out the basic parameters all drinking water systems should strive to achieve in order to deliver clean, safe and reliable drinking water at tap.

Achievements expected in 2014–15

In 2014–15 Health Canada will continue to work with First Nations communities to identify challenges with meeting recommended weekly national testing guidelines for on-reserve public distribution systems.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
3.1.4	Percent of First Nations communities that have access to a trained CBWM or an EHO to monitor their drinking water quality.	100% of First Nations communities will have full access to a trained CBWM or EHO to monitor their drinking water quality. Date to achieve target: March 31, 2015
3.1.5	Percent of on-reserve public distribution systems that met weekly national testing guidelines for bacteriological parameters (e.g. based on testing frequency recommended in the GCDWQ).	Over 50% of on-reserve public distribution systems will meet weekly national testing guidelines for bacteriological parameters (e.g. based on testing frequency recommended in the GCDWQ). Date to achieve target: March 31, 2015

Target 3.2: Drinking Water Quality

Help protect the health of Canadians by developing up to 15 water quality guidelines/guidance documents by 2016.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Program 2.3: Environmental Risks to Health

Sub-program 2.3.3: Water Quality

Descriptions of Implementation Strategies

3.2.1. Develop on average five drinking water quality guidelines/guidance documents per year in collaboration with provinces/territories, which are used as a basis for their regulatory requirements. (Health Canada)

Background

Health Canada works in collaboration with provinces/territories to develop an average of five drinking water quality guidelines/guidance documents per year. These GCDWQ are used by all jurisdictions (provinces, territories and the federal government) as the basis for establishing their regulatory requirements for drinking water quality. Work is also undertaken with standards-setting organizations to develop harmonized North American health-based performance standards for drinking water materials. These standards are directly referenced in the GCDWQ.

By 2016, up to 15 drinking water guidelines/guidance documents will be approved by provinces and territories.

Achievements expected in 2014–15

For 2014–15, five drinking water quality guidelines/guidance documents will be approved by provinces and territories.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
3.2.1	Number of drinking water quality guidelines/ guidance documents approved by federal/ provincial and territorial committees by product type (e.g. guideline, guidance document).	On average, five drinking water quality guidelines/ guidance documents approved by federal/provincial and territorial committees annually. Date to achieve target: March 31, 2015

Theme 3. Protecting Nature and Canadians

Health Canada contributes to this theme under the goal of conserving and restoring ecosystems, wildlife and habitat, and protecting Canadians. Targets that support these goals address environmental disasters, incidents and emergencies, and chemicals management. Health Canada's programs in support of these targets are directed at:

- coordinating the Federal Nuclear Emergency Plan (FNEP) and providing federal technical/ scientific support to provinces/territories.
- identifying and managing health risks to Canadians posed by chemicals of concern.
- protecting the health and safety of Canadians and the environment relating to the use of pesticides.

GOAL 4: CONSERVING AND RESTORING ECOSYSTEMS, WILDLIFE AND HABITAT, AND PROTECTING CANADIANS

Resilient ecosystems with healthy wildlife populations so Canadians can enjoy benefits from natural spaces, resources and ecological services for generations to come.

Target 4.7: Environmental Disasters, Incidents and Emergencies

Environmental disasters, incidents and emergencies are prevented or their impacts mitigated.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Program 2.6: Radiation Protection

Sub-program 2.6.1: Environmental Radiation Monitoring and Protection

Descriptions of Implementation Strategies

4.7.4. In accordance with mandated responsibilities, provide environmental and/or other information to reduce the risk of, and advice in response to, the occurrence of events such as polluting incidents, wildlife disease events or severe weather and other significant hydro-meteorological events as applicable. (Agriculture and Agri-Food Canada, Aboriginal Affairs and Northern Development Canada, Department of Fisheries and Oceans, Environment Canada, Health Canada, Industry Canada, Natural Resources Canada, Parks Canada, Public Safety, Public Works and Government Services Canada, Transportation Canada)

Specific examples include: Strengthen federal preparedness and response capabilities to radiological and nuclear emergencies by working with federal, provincial and international partners on joint planning, drills and exercises. (Health Canada)

Background

Health Canada administers the Federal Nuclear Emergency Plan (FNEP) and collaborates with other federal partners and provincial authorities to maintain nuclear emergency preparedness in Canada. The FNEP is the Government of Canada's plan to prepare for and manage the federal response to a nuclear emergency in order to minimize the impact on public health, safety, property and environment in Canada.

Health Canada strengthens nuclear emergency preparedness through planning, preparing and participating in nuclear emergency preparedness exercises and drills, developing after action reports and action plans and implementing priority action plan items to address areas for improvement in collaboration with implicated FNEP partners.

Achievements expected in 2014–15

In 2014–15 Health Canada will:

- Conduct a national full scale nuclear emergency exercise in collaboration with FNEP partners.
- Develop an After Action Report and Action Plan to address priority areas identified during the exercise.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
4.7.4	Percentage of planned emergency preparedness exercises performed.	100% of planned emergency preparedness exercises will be performed. (Target = 2) Date to achieve target: March 31, 2015

Target 4.8: Chemicals Management

Reduce risks to Canadians and impacts on the environment and human health posed by releases of harmful substances.

Link to Health Canada's Program Activity Architecture

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Program 2.3: Environmental Risks to Health

Sub-program 2.3.4: Health Impacts of Chemicals

Program 2.7: Pesticides

Descriptions of Implementation Strategies

4.8.2. Guidance and program policies developed by the Federal Contaminated Sites Action Plan program secretariat and the expert support departments are provided to federal custodians for program implementation activities. (Department of Fisheries and Oceans, Environment Canada, Health Canada, Public Works and Government Services Canada)

Background

Under the Federal Contaminated Sites Action Plan (FCSAP), Health Canada, provides expert advice in support of activities associated with federal contaminated sites. Health Canada will increase its focus on providing guidance and training to federal custodians to support them in the remedial phase of FCSAP.

Health Canada's advice on risk assessment and risk management of contaminated sites undergoing remediation supports custodians in more accurately and consistently assessing risks related to human health.

Achievements expected in 2014–15

In 2014–15, Health Canada will continue to provide expert advice, guidance and training to custodial departments as needed.

4.8.5. Assess 100% of 1500 targeted existing commercial substances as identified under the Chemicals Management Plan for risks to human health and/or the environment by 2016. (Environment Canada, Health Canada)

Background

Health Canada activities include risk assessments of existing (post-market) substances and developing risk management strategies, policies and regulations for substances determined as harmful to human health, as a complement to Environment Canada's review of environmental impacts. These activities reduce the health risks to Canadians posed by substances by identifying those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada is in the process of assessing existing substances as priorities identified under the Chemicals Management Plan (CMP), both to determine whether they are harmful to human health due to their inherent properties, and the level of exposure to the Canadian public. Health Canada's research on the nature of existing substances and Canadians' exposure to them support the scientifically grounded, risk-based approach used to assess the impact of chemical substances on Canadians' health and to guide risk management or regulatory actions for substances determined to be harmful to human health.

Within the targeted assessment of 4300 substances by 2020, 1500 substances are planned for assessment by March 2016.

Achievements expected in 2014–15

Of the 1,500 targeted existing substances as identified under the CMP that may cause risks to human health and/or the environment by 2016, 49% (approximately 730) will be assessed in 2014–15.

In 2014–15 Health Canada will also prepare and obtain approvals for Canadian Health Measures Survey (CHMS) Cycle 3 biomonitoring release products.

4.8.8. Address 100% of new substances, for which Environment Canada has been notified by industry of their intended manufacture or import, to determine if they may pose risks to human health and/or the environment within the timelines in the regulation or established services standards. (Environment Canada, Health Canada)

Background

Health Canada activities include assessing and managing potential health risks associated with new (pre-market) substances, including products of biotechnology. For new substances in products regulated under the *Food and Drugs Act*, the Department also assesses potential harm to the environment. These activities seek to reduce the health risks to Canadians posed by substances, including the identification of those that may be harmful and taking appropriate steps to reduce this risk.

Health Canada also assesses substances and products of biotechnology that are new to the Canadian market both to determine whether they are harmful to human health due to their inherent properties and the level of exposure to the Canadian public. Health Canada's research on the nature of new commercial substances and the products of biotechnology as well as Canadians' exposure to them supports a scientifically grounded, risk-based approach used to assess the impact of chemical substances the health of Canadians and to guide risk management or regulatory actions for substances determined to be harmful to human health.

Over the three year period of FSDS 2013–2016, in collaboration with Environment Canada, Health Canada will continue to perform risk assessments on approximately 450 new substances, including products of biotechnology and nanomaterials. Any needed risk management measures for substances deemed to be harmful to human health and/or the environment will be developed. Health Canada will also continue its prioritization of substances on the revised In Commerce List.

Achievements expected in 2014–15

In collaboration with Environment Canada, in 2014–15, Health Canada will continue to perform risk assessments on approximately 450 new substances, including products of biotechnology and nanomaterials. Health Canada will also complete 26 draft assessments and four final assessments for Domestic Substances List microorganisms. The Department will also continue its prioritization of substances on the revised In Commerce List.

4.8.9. Ensure at least one risk management measure is in place for 100% of substances deemed to be harmful to human health and/or the environment. (Environment Canada, Health Canada)

Background

Under the *Canadian Environmental Protection Act, 1999*, Health Canada in cooperation with Environment Canada, develops and implements risk management strategies, policies and regulations to manage the potential risks posed by substances that are assessed to be harmful to human health. This implementation strategy relates to the FSDS targets by ensuring that timely risk management instruments are put in place to mitigate human exposure and reduce the risk to Canadians posed by harmful substances.

It is directly through risk management actions that Health Canada contributes to decreases in environmental concentrations and human exposure to harmful substances.

Over the three year period of the FSDS 2013–2016, Health Canada, in cooperation with Environment Canada, will develop and implement risk management strategies, policies and regulations to manage the potential risks posed by substances that are assessed to be harmful to human health under the appropriate federal statute.

Achievements expected in 2014–15

In 2014–15 the program will publish risk management scopes and/or approaches, as required, for six groupings of existing substances that are potentially harmful to human health and petroleum stream substances as well as at least one draft risk management tool for DEGME (or 2-(2-methoxyethoxy) ethanol, an industrial chemical that is principally used as an additive in jet fuel for de-icing and as a solvent in paints).

4.8.11. Prevent unacceptable risk to people and the environment through the regulation of pesticides by initiating 100% of the re-assessments of registered pesticide products identified in the Re-evaluation Initiation Schedule (Health Canada)

Background

In the delivery of the pesticide program, Health Canada conducts activities that span the lifecycle of a pesticide, including: pre and post market product assessments for health and environmental risks and product values; risk management; post market surveillance; compliance and enforcement; changes in use; cancellation, or phase out of products that do not meet current standards; and, consultations and public awareness building.

Health Canada leverages its international efforts to align regulatory approaches to provide access to the best science available in meeting its mandate with respect to pesticides.

The objective of this program is to protect the health and safety of Canadians and the environment relating to the use of pesticides.

Achievements expected in 2014–15

In 2014–15, Health Canada will initiate 100 % of the re-assessments of registered pesticide products identified in the Re-evaluation Initiation Schedule.

Table of Commitments Supporting FSDS Implementation Strategies

Implementation Strategies	Performance Indicators	Program Performance Targets
4.8.2	Percent of established service standards met for provision FCSAP expert support services.	100% of established service standards for provision of expert support will be met. Date to achieve target: March 31, 2015
4.8.5	Percent of total 1500 existing substances targeted by 2016 assessed.	33% or 500 (approximately) of total 1500 existing substances targeted by 2016 will be assessed. Date to achieve target: March 31, 2015
4.8.5 4.8.9	Percent of substances assessed to be harmful to human health for which at least one risk management instrument was developed by category of substance (new and existing).	100% of substances assessed to be harmful to human health will have at least one risk management instrument developed within mandated timeframes. Date to achieve target: March 31, 2015
4.8.8	Percent of new substances for which industry has sent notification of their manufacture or import that are assessed within targeted timelines.	100% of new substances for which industry has sent notification of their manufacture or import will be assessed within targeted timelines. Date to achieve target: March 31, 2015
4.8.5	Report on level of exposure in humans of substances of concern by substance.	Canadian Health Measures Survey Cycle 3 biomonitoring results will be released in 2015–16 reporting on the level of exposure in humans of substances of concern by substance. Date to achieve target: March 31, 2016
4.8.11	Percent of registered pesticides that are re-assessed, as part of the post market product assessments process, against modern standards according to the Re-evaluation Work Plan.	80% of registered pesticides are re-assessed, as part of the post market product assessments process, according to the Re-evaluation Work Plan. Date to achieve target: March 31, 2015

Theme 4. Shrinking the Environmental Footprint—Beginning with Government

Sound stewardship of government assets is supported by greening of government operations. Our efforts in this area will lead to better use of resources, reduce the Government of Canada's environmental impacts and provide better value for money for Canadians. The greening of operations also aligns with the Government's priority to streamline activities by leveraging efficiency opportunities.

Health Canada contributes to this theme under all three goals: greenhouse gas emissions and energy; waste and asset management; and, water management.

In 2014–15, Health Canada will contribute to Theme IV (GGO) through its internal services program, by:

- Reducing the departmental greenhouse gas emissions from its fleet by 20% below 2005 levels by 2020.
- Achieving an industry-recognized level of high environmental performance in Government of Canada real property projects and operations.
- Taking action to embed environmental considerations into public procurement, in accordance with the federal Policy on Green Procurement.
- Developing an approach to maintain or improve the sustainability of its workplace operations.
- Taking further action to improve water management within its real property portfolio.

Additional details on Health Canada's activities can be found in the Greening Government Operations Supplementary Information Table.

Annex A: Health Canada's Clean Air Agenda—Financial Information on Planned Expenditures

CAA Theme	CAA Programs	Total Allocation for 2011–16 ($ millions)	Planned Spending for 2014–15 ($ millions)
ADAPTATION	* Climate Change and Health Adaptation for Northern First Nations and Inuit Communities	9.15	2.11
ADAPTATION	Heat Alert and Response Systems	7.91	1.48
CARA	Atmospheric Pollutants Policy	25.88	5.18
CARA	Atmospheric Research, Monitoring and Modelling	29.60	5.92
CARA	Data Collection and Reporting for Atmospheric Pollutants	13.42	2.68
CARA	Health and Environmental Impacts of Air Pollutants	13.08	2.62
CARA	Indoor Air Quality Management—Biological and Chemical Contaminants	9.29	1.86
CARA	Indoor Air Quality Management—Radioactive Contaminants	30.49	6.10
CARA	Science Integration, Accountability and Benefits of Action	15.49	3.10
HEALTH CANADA	**TOTAL**	154.31	31.04

Note: Financial figures exclude Public Works and Government Services Canada accommodation costs.
Totals may vary slightly due to rounding of figures.

* Original funding for the Climate Change and Health Adaptation for Northern First Nations and Inuit Communities Program was $9.85M for the five year submission. It has been reduced as a result of Budget 2012 operational efficiencies.